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FLINTSHIRE
EDUCATION COMMITTEE



REPORT
on the work of the
FLINTSHIRE
School Health Service
in relation to the year
1953

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FLINTSHIRE EDUCATION COMMITTEE.

County Health Offices,
MOLD,

The Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

This report on the School Health Service in Flintshire has been prepared rather under difficulties. The late Dr. A. E. Roberts was Principal School Medical Officer during the year, but his sudden death prevented him from preparing any of the report. As some small tribute to his excellent work, I have tried to present this report as he would have done—I have followed the pattern of his previous reports.

There were no major changes in the School Health Service in 1953—Clinics established previously were continued and excellent work was done by Mr. Shuttleworth (Ophthalmic Surgeon), Miss Parsons (Orthoptist), Miss Ritson (Speech Therapist), Dr. Clifford Jones (Chest Physician) and Dr. Simmons (Child Psychiatrist). No changes were made in the School Clinics staffed by the Medical Staff of the Education Authority.

Although still below strength there was some improvement in the Dental Service, as three Part-time Dental Officers commenced duties in April.

Tribute is due to the Medical, Nursing and Clerical Staff of the Department for industry and team spirit.

I would like to thank Mr. W. I. Roberts, the Chief Clerk of the Department, and Mr. A. Whitley, Clerk-in-Charge of School Health Section, for their valuable help in collating the statistical and other information for this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

Principal School Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

Principal School Medical Officer
(also County Medical Officer of Health) :

Aneurin Evan Roberts, M.B., B.S. (Lond.), D.P.H. (Liverp.).
(Died 1.1.54).

Deputy County Medical Officer :

A. E. Gwladys Rowlands, M.B., B.S., M.R.C.S., L.R.C.P.
D.P.H. (Lond.). (Resigned 28.12.53).

Senior Medical Officer :

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

Assistant Medical Officers (full-time) :

W. E. Denbow, M.R.C.S., L.R.C.P., D.P.H., B.Sc.
Elizabeth D. M. J. Thomas, M.B., Ch.B. (Resigned 30.9.53).
Betsy E. Davies, M.B., Ch.B. (since 1.10.53).

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.
R. Rhydwen, M.B., B.S., D.P.H.
D. J. Fraser, M.B., Ch.B., D.P.H.
Dr. Ailsa Partridge was engaged on a part-time sessional basis
between the 12th June and 28th July.

Dental Officer (Full-time) :

Leslie Hanson, L.D.S.

Dental Officers (Part-time—Temporary Sessional) :

W. B. Glyn Jones, L.D.S. (since 23.4.53).
Nathaniel A. James, L.D.S., R.C.S. (Eng.) (since 22.4.53).
John Stuart Selwyn, L.D.S. (since 23.4.53).

Speech Therapist :

Miss R. E. Ritson, L.C.S.T. (Part-time Fee paid).

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.

School Nurses (acting jointly as School Nurses and Health Visitors. All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate (with one exception*) or other qualification) :

Mrs. M. E. Hawkins
Miss M. J. Hughes
Miss J. M. Jewell
Miss Ellen Jones
Miss G. Jones
Miss P. M. Matthews
Miss A. Molloy
(Resigned 28.2.53)
Mrs. M. M. Nield
(Resigned 30.9.53)
Miss A. Capper
(since 1.3.53)

Miss G. Jenkins
(since 9.3.53)
Miss J. B. Edwards
(since 19.10.53)
*Mrs. A. E. Williams,
S.R.N., S.R.F.N.
Miss L. Oliver
Mrs. M. E. Pearse
Miss O. M. Pierce
Mrs. E. G. E. Rees
Mrs. J. Thomas
Mrs. D. Thompson

Tuberculosis Visitors :

Miss M. M. D. Evans.
Miss M. E. Owen, S.R.N.

Dental Attendants :

Mrs. L. M. Martin ; Mrs. D. Young ; Mrs. Ann Williams.

Chief Clerk :

William Ithel Roberts.

Departmental Senior Clerk :

Arthur Whitley.

B.—ASSOCIATED OFFICERS.

Clerk of the County Council :

Mr. W. Hugh Jones.

Secretary of the Education Committee :

B. Haydn Williams, B.Sc., Ph.D.

County Architect :

Mr. W. Griffiths, L.R.I.B.A.

County Treasurer :

Mr. R. J. Jones.

Physical Training Organisers :

Mr. Bertram W. Clarke.
Miss Sarah Storey-Jones.

School Meals Manager :

Mr. E. Parry.

C.—HEADQUARTERS.

County Health Offices, Llwynegrin, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—							
Statutory Acres	...	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	...	255.7
Population of County—							
1951 Census	...	...	...	...	...	...	145,108
1953 Mid-year Estimate	...	...	...	...	...	...	145,100
Number of Schools—							
Nursery	...	...	...	...	...	...	1
Primary : County 48 ; Voluntary 58 ; Total	...	...	...	...	...	...	106
Secondary Modern	...	...	...	...	...	...	8
Secondary Grammar	...	...	...	...	...	...	5
School Child Population—							
On School Registers (1953)	...	...	...	...	...	...	23,138
Financial Circumstances of County—							
Estimated Product of a Penny Rate—Year 1953-54	...	...	...	...	...	...	£3,450
Number of Flintshire Live Births—							
Year 1953	...	...	...	...	...	...	2,289
Number of Flintshire Deaths (1953)—							
Infantile	...	...	...	...	...	...	75
General	...	...	...	...	...	...	1,646
Medical Officers—							
For County Health and School Medical Services combined	...	...	...	...	...	...	*8
School Dental Surgeons—							
Full-time Officers	...	...	...	...	...	...	†1
Part-time—Temporary (Sessional)	...	...	...	...	...	...	3
School Nurses—							
Serving half-time also as Health Visitors	...	...	...	...	...	...	16
School Dental Attendants—							
Full-time	...	...	...	...	...	...	3
Clinical Establishments (within the County)—							
Child Guidance	...	...	...	...	...	...	1
Dental (For School Children)	...	...	...	...	...	...	5
Minor Ailments (for School Children)	...	...	...	...	...	...	10
Ophthalmic (for School Children)	...	...	...	...	...	...	4
Orthopædic After-care (for Patients of all ages)	...	...	...	...	...	...	3
Chest (Welsh Regional Hospital Board)	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	1
Speech Therapy	...	...	...	...	...	...	2

* Equivalent of $6\frac{1}{2}$ whole-time officers, as 3 are also Medical Officers of Health for Grouped County Districts.

† Three vacancies.

E.—FLINTSHIRE CLINICS.

(Situations, Opening Hours, Etc.).

MINOR AILMENT CLINICS.

- Buckley—Welsh C.M. Chapel. Every Tuesday, 2 to 4-30 p.m. Doctor attends every opening.
- Caergwrle—Wesleyan Chapel Schoolrooms. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays of month.
- Flint—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Holywell—Grammar School Grounds. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Prestatyn—King's Avenue. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Rhyl—Old Emmanuel School.—Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Saltney—The Clinic. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Shotton—The Clinic, Secondary Modern School. Every Thursday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- St. Asaph—Ebenezer Chapel. Every Thursday, 1-30 to 2-30 p.m. Doctor attends 2nd and 4th Thursdays.
-

ORTHOPÆDIC AFTER-CARE CLINICS.

(The days shown below are those on which these Clinics are **at present** operating. Previously the Orthopædic After-care Clinics all operated on a Friday).

- Holywell—Cottage Hospital. 2nd and 4th Fridays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.
- Rhyl—Old Emmanuel School. 2nd and 4th Tuesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.
- Shotton—Secondary Modern School. 1st and 3rd Wednesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.

CHILD GUIDANCE.

Rhyl—Old Emmanuel School, Vale Road. Every Thursday.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.

OPHTHALMIC.

Holywell—The Clinic, Grammar School Grounds. 2nd and 4th Tuesday mornings in each month.

Mold—The Clinic, King Street. 2nd and 4th Monday mornings in each month.

Rhyl—Old Emmanuel School, Vale Road. 1st and 3rd Tuesday mornings in each month.

Shotton—The Clinic, Modern Secondary School. 1st and 3rd Monday mornings in each month.

(N.B.—To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment. Additional Clinics are held when "waiting list" shows signs of becoming too long.)

ORTHOPTIC.

Prestatyn—King's Avenue. Every Monday, afternoon only; and every Thursday, morning and afternoon.

CHEST CLINICS.

Holywell—Cottage Hospital. Every Tuesday, 10-30 a.m.

Queensferry—Oaklands. Every Wednesday, 10 a.m.

Rhyl—27 Edward Henry Street. Every Friday, 10 a.m., also every Thursday, 2-30 p.m. (by appointment).

SPEECH THERAPY.

Mold—The Clinic, King Street. Every Tuesday (morning and afternoon) by appointment only.

Prestatyn—The Clinic, King's Avenue. Every Wednesday (morning and afternoon) by appointment only.

Shotton—The Clinic, Modern Secondary School. Every Thursday morning (since February, 1954) by appointment only.

Section 2.

A.—STAFF.

(1) **Medical.**—Dr. A. E. Gwladys Rowlands who had been absent from duty from 25th February, 1953, owing to illness, resigned her appointment on 28th December, 1953. Dr. Betsy E. Davies commenced duty as Assistant Medical Officer on 1st October, 1953, in place of Dr. E. D. M. J. Thomas who resigned on 30th September, 1953.

(2) **Dental.**—In common with most other authorities the dental establishment was not met in 1953. Out of an establishment of six full-time Dental Officers, only one was in the employ of the Authority. Some improvement was effected in the Dental Service by the appointment of three part-time (temporary) Dental Officers in April. The part-time Dental Officers have worked well and co-operated in every way with the department.

Adequate dental service for school children can only be given by full time staff engaged for this work and there are signs that the position is improving but it will take some time to recruit the full staff required.

(3) **Speech Therapy.**—Miss Ritson who commenced duty in 1952 on a part-time basis continued to develop the Service. Her work has been greatly appreciated by the parents and others and it may be possible to extend further this valuable service as there are many children still in urgent need of speech therapy.

(4) **Nursing.**—Miss A. Molloy resigned on 28th February, 1953, and Mrs. M. M. Nield retired on 30th September, 1953. Miss A. Capper commenced duty on 1st March, 1953, Miss G. Jenkins on 9th March, 1953, and Miss J. B. Edwards on 19th October, 1953.

B.—ADMINISTRATION.

Periodic medical examination of pupils attending the Authority's schools was carried out in accordance with the Regulations issued by the Ministry of Education as follows :—

- (a) Pupils admitted for the first time to a maintained school, as soon as possible after the date of admission.
- (b) Pupils attending a maintained primary school, during the last year of attendance at such a school.
- (c) Pupils attending a maintained secondary school, during the last year of attendance at such a school.

Pupils in group (a) may be examined at the age of 3, 4, 5 or 6 years, and according to the Regulations are not due for re-examination in group (b) until they reach the age of 10 years. Since certain defects such as visual defects and sub-normal mentality often become apparent at the

Table I (A & B) shows : (A) the number of children of the age groups already mentioned, who were medically examined by assistant medical officers.

(B) the number of special inspections and re-inspections by assistant medical officers, whether at school, or at school clinics, Special inspections refer to children outside the above groups who are examined at the request of the parents, the Head Teacher or the Education Authority. Re-inspections refer to children who have been previously examined at periodic medical inspections or as special cases and who were then found to be suffering from defects which either needed treatment or to be kept under observation.

TABLE 1 (A) and (B).

RETURN OF MEDICAL INSPECTIONS, 1953.

Description.	Number.
(A) PERIODIC INSPECTIONS—	
Pupils of Prescribed Age Groups—	
Entrants	2190
Second Age Group	1878
Third Age Group	1515
Total	5583
Pupils of other ages	1708
Grand Total	7291
(B) OTHER INSPECTIONS—	
Special Inspections	3677
Re-inspections	6472
Total	10149
TOTAL INSPECTIONS—Periodic and others	17440

C.—FINDINGS OF MEDICAL INSPECTIONS.

TABLE 1 (C).

PUPILS FOUND TO REQUIRE TREATMENT.

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Note : (1) Pupils already under treatment are included.

(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

Group (1)	For Defective Vision (Excl Squint) (2)	For any of the other conditions recorded in Table 2 (a) (3)	Total individual pupils (4)	Percentage of children examined (Table A) (5)
Entrants	5	196	201	9.18
Second Age Group ...	66	149	203	10.80
Third Age Group ...	89	96	174	11.48
Total (Prescribed Groups)	160	441	578	10.35
Other Periodic Inspections	68	158	213	12.47
Grand Total	228	599	791	10.85

It is gratifying to note a reduction in the number of defects found both in Entrants and Second Age Group for 1953 as compared with 1952. No adequate explanation can be given for this reduction, but it is hoped that it will continue.

From the Table it will be seen that the percentage of individual children found to be suffering from defects is slightly higher in the second Prescribed Age Group (10.80%) than in the "Entrants" Group (9.18%), i.e., the percentage is higher in the 10 year old group than in the 3 - 5 year old group. This, in my opinion, emphasises the need for the periodic inspection at the age of 7 years,

TABLE 2 (a).

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1953.

Note : (1) All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection.

(2) Uncleanliness and dental conditions are excluded.

Defect Code No.	Disease or Defect	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment	Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment
(1)	(2)	(3)	(4)	(5)	(6)
4	Skin	91	70	250	70
5	Eyes—(a) Vision ...	228	291	304	258
	(b) Squint ...	87	54	52	32
	(c) Other ...	26	13	73	38
6	Ears—(a) Hearing ...	14	56	33	36
	(b) Otitis Media .	15	46	33	33
	(c) Other ...	16	52	35	17
7	Nose or Throat ...	199	627	262	348
8	Speech	14	36	20	60
9	Cervical Glands ...	5	152	16	66
10	Heart and Circulation ...	3	207	16	137
11	Lungs	29	199	64	122
12	Developmental—				
	(a) Hernia ...	8	24	6	10
	(b) Other ...	3	18	3	28
13	Orthopædic—				
	(a) Posture ...	11	44	17	44
	(b) Flat Foot ...	36	58	68	29
	(c) Other ...	51	142	80	65
14	Nervous System—				
	(a) Epilepsy ...	4	5	3	7
	(b) Other ...	13	42	12	27
15	Psychological—				
	(a) Development	3	56	5	26
	(b) Stability ...	3	23	5	28
16	Other	52	92	290	207

This Table shows the various defects found at medical inspections grouped as required by the Ministry of Education. It will be noted that it excludes Dental Defects and Infestation with Vermin. Of Defects found at Periodic (Routine) Inspections the largest groups are Defects of Vision and Defects of Ear, Nose and Throat. Defects of Vision are referred to the Ophthalmic Clinics to be further examined by the Specialist. With regard to Defects of Ear, Nose and Throat, it will be noted that only 23.8% were considered to be in need of treatment, the remainder being kept under observation. It has been the established custom in the County to refer such defects to the hospitals for examination, in the first place by the E.N.T. Surgeon, and operation if he considers it necessary.

Table 2 (b) shows the general nutritional state of the pupils examined at the periodic medical inspection.

TABLE 2 (b).

GENERAL CONDITION OF THE PUPILS.

Classification of the general condition of the pupils inspected during the year in the various age groups.

Age Group			A. (Good)		B. (Fair)		C. (Poor)	
			No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Entrants	2190	1522	69.5	660	30.1	8	.4	
Second Age Group ...	1878	1243	66.2	634	33.7	1	.1	
Third Age Group ...	1515	968	63.9	536	35.4	11	.7	
Other Periodic Inspections ...	1708	1032	60.4	671	39.3	5	.3	
Total	7291	4765	65.4	2501	34.3	25	.3	

In assessing the general condition of a child, the school medical officer takes into consideration various factors such as colour and texture of skin, muscle tone, the amount of subcutaneous fat, posture, general alertness, etc., etc. In spite of this, there is bound to be some variation in the standards adopted by different medical officers. The following table compares the percentages assessed in Groups A, B and C for entrants, second age group, third age group, and other age groups in the years 1947-1953.

Year	Entrants			2nd Age Group			3rd Age Group			Others		
	A	B	C	A	B	C	A	B	C	A	B	C
1947	61.4	36.1	2.5	62.6	34.2	3.2	53.9	41.9	4.1	77.3	21.7	1.0
1948	33.2	60.4	6.4	30.9	60.4	8.6	18.5	73.3	8.2	27.8	63.5	8.7
1949	47.2	50.2	2.6	37.4	57.6	5.0	29.0	63.6	7.4	31.9	62.5	5.6
1950	53.5	45.2	1.4	39.8	55.7	4.5	31.7	60.1	8.3	33.4	62.1	4.5
1951	35.8	61.6	2.6	33.0	63.5	3.5	40.4	56.7	2.9	25.4	72.5	2.1
1952	52.5	46.5	1.0	52.6	46.4	1.0	54.7	44.2	1.1	46.2	52.6	1.2
1953	69.5	30.1	.4	66.2	33.7	.1	63.9	35.4	.7	60.4	39.3	.3

It will be noted that the nutritional state of approximately 65 % of the children examined were classified in Group A (good), while only .375 % were classified as "poor."

The valuable work done by Health Visitors as School Nurses will again be emphasised and is reflected in the high nutritional state of school children in the County generally.

The School Nurse by her regular contact with the children and their parents is able to give expert advice and guidance on health and nutritional problems at a time when most needed during the child's active growing years.

Infestation with Vermin.—Last year a special prominence was given to this problem in the Annual Report.

In 1952 School Nurses during their routine cleanliness inspections found 10.9 % of the children infested with vermin—mainly head infestations. It is true that this figure includes all degrees of infestation—even so it is far too high a percentage.

During 1953 the School Nurses redoubled their efforts to try and improve matters though getting little support or help from some parents.

On analysing the returns for 1953, 4.46 % of school children were found infested. This is less than half the figure for 1952. Even so I hope to be able to still reduce this figure in coming years.

Certain areas of the County have a fairly high incidence of infestation and serious consideration will have to be given to establishing cleansing centres, possibly at clinic premises in these areas,

TABLE 3.

INFESTATION WITH VERMIN.

Total number of examinations in the schools by the School Nurses or other authorised persons	...	...	...	57,588
Total number of individual pupils found to be infested	...			1,324
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	—

Vaccination against Smallpox.—Only 41.6 % of children examined at routine medical examinations showed evidence of successful vaccination against Smallpox. Although prior to 1948 exemption from vaccination had been far too easily obtainable, the National Health Service Act abolished compulsory vaccination in the hope that voluntary vaccination against Smallpox would prove to be as successful as immunisation against diphtheria. Unfortunately, this hope has not been realised as, in spite of active propaganda by doctors, midwives, and health visitors, the number of primary vaccinations has fallen to approximately the level of the year 1950, and, in these days of rapid transit from one part of the world to another, the population at risk is far too large.

The following Table shows the number of primary vaccinations each year since 1948—figures which up to 1952 represent approximately only 25 % of the live births. The figure for 1953, however, represents 28.96 % of the live births.

1948 —	Number of primary vaccinations	...	808
1949 —	" " " "	...	397
1950 —	" " " "	...	660
1951 —	" " " "	...	796
1952 —	" " " "	...	663
1953 —	" " " "	...	663

Diphtheria Immunisation.—Of children of compulsory school attendance age 8,964 have received a full course of immunisation against Diphtheria since 1948. In addition, 5,454 children of pre-school age have also completed a full course of immunisation.

An additional 13,567 children were immunised prior to 1948 but have not been immunised since that date.

During the year 1953 the number immunised was :—

Aged 0—4 years	...	...	...	...	1,330
Aged 5—15 years	...	...	...	...	153
					1,483

Children who received re-inforcing injections	1,134
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Children are immunised free of charge either by the general medical practitioner in his surgery, or by assistant medical officers at clinics and in schools.

Handicapped Pupils.—Ten children were ascertained to be in need of special education, either in residential schools or special day schools, and were classified as follows :—

Delicate	1	Physically handicapped	1
Educationally sub-normal	5	Maladjusted	1
Epileptic	1	Deaf	1

During the year, places were found in Special Schools or Homes for twelve handicapped pupils (Delicate - 2, Educationally sub-normal - 1, Maladjusted - 4, Epileptic - 1, Deaf - 2, Partially Deaf - 1, Partially Sighted - 1). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 39.

They were of the following categories :—

Blind and Partially Sighted	...	...	3
Deaf and Partially Deaf	...	...	13
Delicate and Physically Handicapped	...		2
Educationally sub-normal and maladjusted			19
Epileptic	...	...	2
			39

In addition, 6 handicapped children were receiving education in "hospital schools" and elsewhere.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 74 ; of this number 46 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	...	29
Requiring places in Special Day Schools	...	17
		46

In addition to the above, 3 children were ascertained to be incapable of education in School and were reported to the local authority for the purposes of the Mental Deficiency Act, 1913.

There is a growing need for the establishment in North Wales of Residential Special Schools for certain categories of handicapped pupils and the Joint Education Committee for Wales has the matter under active consideration, particularly with regard to the Physically Handicapped Child. The number of such children in the County of Flint who require special education in a Residential School is relatively small, and it would consequently be impossible for the Authority to establish such a school on its own.

Another category of handicapped child for whom special consideration is needed is the seriously "maladjusted" child, and particularly for those cases where the home conditions are the causative factor in the maladjustment. Some of these children do not require special education in the generally accepted sense of the word, but do require to be removed from their home surroundings in order to prevent them from developing a psychosis at a later date. Their needs could be met by the provision of hostel accommodation where they would be carefully handled, and from where they could attend the ordinary elementary and secondary schools.

Prevention of Tuberculosis among School Children.—In 1951 the Authority decided that all newly appointed teachers, canteen workers and others who were to be closely associated with children, should, as a condition of service, undergo a medical examination which included X-ray examination of the chest. During 1953, 2 teachers and 25 canteen workers were examined and reported on by the Medical Staff.

In addition, 69 candidates for admission to Training Colleges for Teachers (and 2 candidates to School of Catering) were examined by the medical staff. These examinations were in consequence of new Regulations of the Ministry of Education, whereby all entrants to Training Colleges for Teachers must be examined before acceptance by the School Medical Officer of the area in which they reside. This examination includes X-ray examination of the chest.

B.C.G. Vaccination.—B.C.G. vaccination against tuberculosis has only been available up to the present for the tuberculin negative contacts of known cases of tuberculosis, and it is carried out by the Chest Physician. During 1953, 63 contacts were vaccinated. The Ministry of Education has now agreed to the B.C.G. vaccination of school leavers. (Circular 22/53). B.C.G. vaccination is to be offered to all tuberculin negative children during their 13th year. This is a great step forward but entails a good deal of preliminary and detailed planning before active vaccination can be done.

Up to the end of 1953 it had not been possible to put this scheme into operation in this County.

D.—TREATMENT.

Before presenting certain Tables, required by the Ministry of Education, of the number of children who received treatment for defects, it is advisable to refer to the School Clinics and some matters connected with them.

Clinic Premises.—Of the 14 Clinics originally planned for the County, just before the outbreak of the second World War, 5 have been built—Mold, Saltney, Shotton, Flint and Prestatyn. These are provided with rooms for medical, nursing and dental services, and are fully equipped. In addition, the Old Emmanuel School at Rhyl, and the former war-time Nursery at Holywell, are used for Clinic purposes, but unfortunately the accommodation in these is such that they cannot be used for medical and dental services at the same time. In other areas in the County, Clinics have to be held in Chapel School-rooms (e.g., Buckley, St. Asaph and Caergwrle) or in Village Institutes (Caerwys and Penley), and these premises cannot be regarded as satisfactory.

TABLE 4

GROUP 1.—DISEASES OF THE SKIN.

(excluding Uncleanliness, for which see Table 3).

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm—(i) Scalp	—	4
(ii) Body	2	3
Scabies	8	8
Impetigo	84	5
Other Skin Diseases	121	55
Total ...	215	75

TABLE 4 (continued).

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	42	41
Errors of Refraction (including squint)	*597	—
Total ...	639	41
Number of pupils for whom spectacles were :—		
(a) Prescribed	*349	—
(b) Obtained	*349	—
Total ...	*349	—

* Including cases dealt with under arrangements with the supplementary Ophthalmic Services.

Once a month, at each of four centres in the County (Rhyl, Mold, Holywell and Shotton), an Ophthalmic Clinic for School Children is conducted by Mr. Shuttleworth, the Ophthalmic Specialist. These Clinics, and especially those at Rhyl and Mold, are very busy, that in spite of the fact that Mr. Shuttleworth seems more than the average number of children at each Clinic, a long waiting list results, and it may be some months before a child referred to the Clinic can be examined. Mr. Shuttleworth has, from time to time, attended extra Clinics in an effort to reduce this list, but the waiting list soon grows again. Consideration will need to be given in the near future to increasing the attendance of the Specialist at Mold and Rhyl from monthly to fortnightly sessions.

A brief report from Mr. Shuttleworth is given below.

"The school childrens' ophthalmic clinics have been held at monthly intervals at Mold, Shotton, Holywell, and Rhyl, and a large number of children have been examined and glasses prescribed where necessary. Many children have been found to be suffering from squint and appropriate treatment has been arranged often in

association with the orthoptic clinic at Chester Royal Infirmary. A branch of that clinic has continued to see children at Prestatyn.

Arrangements have been made for the work to be divided between two ophthalmologists, starting in June 1954. One ophthalmologist will do fortnightly clinics at each of the Mold and Shotton clinics, and the other will do fortnightly clinics at each of the Rhyl and Holywell clinics. This should quickly reduce the waiting lists of children waiting for examination.

More beds for the purpose of operating upon cases of squint are to be provided at the Chester Infirmary and City Hospital and probably in the Clwyd and Deeside area. In this way it is hoped that the period of waiting for a hospital bed will be very greatly reduced.

It will be seen that efforts have been made to reduce the periods of waiting for appointments for examination and for hospital beds, and this will be greatly to the benefit of the children."

In connection with the treatment of cases of squint, it is necessary to state here that with the co-operation of the Clwyd and Deeside Hospital Management Committee and the Chester and District Hospital Management Committee, an **Orthoptic Clinic** was established in the Authority's Clinic at Prestatyn. This had been necessary as the Orthoptic Clinic at the Royal Infirmary, Chester, was being seriously overloaded with children from Flintshire and Denbighshire, and children from the Western end of Flintshire and the Colwyn Bay area of Denbighshire could not attend as frequently as was necessary because of the long distance they had to travel. The Orthoptic Clinic at Prestatyn is an out-post of the Chester Clinic, and Miss Parsons, the Orthoptist, reports as follows :—

THE CHESTER ROYAL INFIRMARY. ORTHOPTIC DEPARTMENT ANALYSIS, 1953.

School Children only.

	Chester.	Prestatyn.
Number of Flintshire children who attended in the year 1953 ...	254	—
Number of attendances for the year 1953	2070	*261
Mr. Shuttleworth.		
Number of squint operations performed on Flintshire children at Chester Royal Infirmary ...	17	

* Total attendances : Prestatyn Clinic 441 ; 180 coming from Colwyn Bay—Abergele area.

It will be noted that 40.81 % of the attendances made at the Prestatyn Clinic were of children from the neighbouring County of Denbigh. It will also be noted that the number of operations for squint on Flintshire children at the Royal Infirmary, Chester, was 17.

TABLE 4 (continued).

GROUP 3.—DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT.

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	39
(b) for adenoids & chronic tonsillitis	—	553
(c) for other nose & throat conditions	—	42
Received other forms of treatment	66	118
Total ...	66	752

It must be borne in mind that as regards the number of 553 children who received operative treatment for adenoids and chronic tonsillitis these figures bear no relation to the number of children found at periodic medical inspection to require treatment. The number of beds available in the various hospitals for persons suffering from ear, nose and throat defects is small, and consequently waiting lists are long, especially when operative treatment has had to be suspended at times owing to the incidence of infectious diseases. These figures are based on returns received from the various hospitals under the control of the Chester, Wrexham, and Clwyd and Deeside Hospital Management Committees.

TABLE 4 (continued).

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases treated	
	by the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	22
(b) Number treated otherwise, e.g., in clinics or out patient departments	—	609

The statistics as regards the number of children treated at clinics refer only to children treated at Clinics within the County (Shotton, Holywell and Rhyl). Some Flintshire children also attend the Clinics at Wrexham and Denbigh, but it is not possible to obtain statistics of these as the methods of record keeping at the Hospital have been altered. These Clinics are staffed by a Surgeon and the After-care Sisters from the Robert Jones & Agnes Hunt Orthouædic Hospital, Gobowen.

Other Flintshire children are referred by general practitioners to the Orthopædic surgeons at hospitals in Liverpool, Chester, Wrexham, and Rhyl.

TABLE 4 (continued).

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	25

The statistics given above represent the number of Flintshire children who attended the Child Guidance Clinic and Centre held weekly at the Old Emmanuel School, Rhyl. This Centre is the only one established **within** the County, but children from the eastern part of the County are referred to a similar Centre at Wrexham. These two clinics and centres and other centres in North Wales are staffed by a team consisting of Child Psychiatrist, Psychologist, and Psychiatric Social Worker from the North Wales Hospital for Mental and Nervous Disorders. The morning session is in the nature of a Child Psychiatric **Clinic**, while the afternoon session is in the nature of a Child Guidance **Centre**. This distinction must be borne in mind, as although Clinic and Centre are staffed by the same team of experts, the Clinic is the responsibility of the Regional Hospital Board, while the Centre is the responsibility of the Local Education Authority.

The following is an extract from the report of Dr. Simmons, the Child Psychiatrist :—

“ A.—INTRODUCTION.

There have been no major changes in the activities of the clinics during the year under review.

The total volume of work carried out has been much the same as last year despite continued shortage of personnel and despite a number of changes in the staffing of the clinics.

Improvements which had been expected to come about in working conditions at the Colwyn Bay and Bangor clinics failed to materialise. Minor difficulties at the Wrexham clinic also remained unremedied. This compelled us to pay excessively, in time and energy, to maintain a reasonable standard of work.

Diagnostic waiting lists were relatively short but treatment vacancies occurred at very lengthy intervals only. This has been so for many years now.

At the time of writing this report it is known that very adequate premises will become available for use as a central office and clinic at Colwyn Bay, and that we shall be able to occupy these about the middle of 1954.

B.—GENERAL DISCUSSION.

In the following I would like to draw your attention to some of the considerations which guide us at the clinics, and to mention some of the more important matters which have exercised our minds during the year.

1. Problems for which children are referred to Child Guidance Clinics.

As a rule children come to us when someone is worried about them.

Sometimes a mother is distressed by her child's intractable behaviour, his nightmares or his lack of success in school. At other times a teacher seeks guidance because a pupil is unable to fit into the life of his class or fails to make progress scholastically although his backwardness cannot be explained by dullness. In yet another instance a Court may refer a child who has surprised all who knew him by behaviour quite out of keeping with his usual ways.

A later table shows the wide range of disturbances which are referred to us. The referral causes as such do not however tell us a great deal with regard to the true nature and severity of the conditions with which we may have to deal. There are many reasons for this.

Children react to similar stresses in different ways. School failure may lead to truanting in one instance and to stealing in another. A minor physical injury may cause one child to complain of persistent headaches while another may start to walk in his sleep. The child's own make up, his experiences in the past, and the circumstances in his present environment are likely to be the factors responsible for different types of reaction.

We also have to remember that there are marked differences in the standards which are set for children, and in the ability of parents

and others to tolerate unusual behaviour. Thus one mother may be very worried because her child has food fads yet she may be relatively undisturbed by his persistent bedwetting. Another mother treats temper tantrums as unavoidable irritations but fears for her child's future when he indulges in the minor pilfering common at a very young age.

Another point, not least in importance, has to be considered here. A great deal depends on whether or not parents, doctors or teachers are prepared to accept psychological causes as a likely basis for disturbed behaviour. It is known that some areas are "clinic conscious" while others are not, and whether they are one or the other depends largely, one feels, on the attitudes of those who guide their fellow citizens when they seek advice.

Factors such as these determine whether and when a child is referred to us, and on the combination of them depends the meaning which a given symptom may have in the total picture.

2. Need for full investigation.

It will be clear that we need to examine each child as carefully as possible. Our aim is to determine where he differs from others of his own age and background, and where he is like them. We can then assess the importance which is to be attached to the various aspects of his behaviour, i.e., we shall be in a position to make a diagnosis.

As in other branches of Medicine an accurate diagnosis has to be made before the most appropriate form of treatment can be recommended.

We proceed from the assumption that the child's "total behaviour" is determined by two broad sets of factors: those working from within him (health, intelligence, emotional assets) and those exerting their influence from without (attitudes and beliefs—social, religious and cultural—and material circumstances of home, school and the wider community).

We recognise the difficulties in the way of obtaining a complete picture of the complex structure of the child and of his environment, and even more so, of the result of their interaction. We think, however, that we can learn a great deal by examining as many facets as may be open to investigation of the child's personality structure, his past experiences, his present state, etc., and by approaching in a similar fashion people in his home and general environment.

It would not be possible for one worker to deal with so arduous a task or to cover so wide a field, and it is of course known that Child Guidance Clinics gather under one roof three specialists—Psychiatrist, Psychologist and Psychiatric Social Worker—to deal with the medical-psychiatric, the psychological-educational and the domestic-social aspects which each clinic case presents,

We use well tried methods of investigation—just as a surgeon uses special instruments and special skills when operating. The form and manner in which the Psychiatric Social Worker obtains a “social history,” the standardised procedure which the Psychologist employs in the conduct of her examinations by means of intelligence tests, the introduction of the child to a well equipped playroom as part of the diagnostic procedure of the Psychiatrist, are examples of the special techniques on which we depend in our work.

3. Treatment.

The term treatment is applied to any measures which may be taken to improve the physical, psychological or intellectual standing of a child. Such measures may be directed mainly towards the child, mainly towards his environment, or—and this is the most common—towards both.

The form which treatment takes depends on the nature of the difficulties with which we have to deal.

(a) Emotionally handicapped children.

The majority of children who are seen fall into the emotionally handicapped group. It is important to realise that only a small proportion of them need to attend for treatment at the clinic. The following are some of the reasons :—

Sometimes, after investigations have been completed, one or two discussions between the mother and the Psychiatric Social Worker are all that is needed.

With under-fives it is often possible for the Psychiatric Social Worker to carry out treatment “through the mother.” Interviews may take place at a clinic but, at present, the Psychiatric Social Worker usually visits the child’s home. She discusses matters with the Psychiatrist as required, but the child may not need to attend at the clinic again.

Often, further help can best be given through other social agencies and their workers. We take every available opportunity to discuss our findings and recommendations with Children’s Officers, Probation Officers, Matrons of Homes and others who refer or initiate referrals.

There are also those children who, it is thought, require long-term environmental treatment and rehabilitation in hostels or schools for maladjusted children. As a rule several attendances are required before investigations are complete and a recommendation can be made, but after that we can do no more than maintain occasional contact with the parents.

The children who come to the clinics for treatment attend for periods varying from a few months to a year or a year and a half, and even longer. They come once a week, as a rule, and in most

instances the Psychiatric Social Worker interviews the mother while the Psychiatrist sees the child.

(b) Educationally handicapped children.

The position in respect of the smaller number of educationally handicapped children is different. There, the clinics have, until now, acted mainly as diagnostic centres and we have been required only to make recommendations with regard to the most appropriate form of action which the Education Authorities might wish to take. Treatment, in the form of remedial teaching, has been available for only a very few children.

Matters appertaining to this are referred to in greater detail in a later contribution to this report by Mrs. Celia Williams, our Educational Psychologist, and also in the following paragraph.

4. Scope of the Clinics.

The terms 'Emotionally Handicapped' and 'Educationally Handicapped' are used in this report to indicate our view that the children referred to were suffering as a result of mainly emotional or mainly intellectual difficulties. The two groups tend to overlap because disturbance in one or other sphere of a child's activities reflects itself readily in the remaining ones. Thus a bright child may become a scholastic failure as a result of emotional difficulties, and a dull child may show behaviour difficulties because he cannot cope with the demands which school makes on him.

Because of this it is generally thought that no sharp line should be drawn between the two groups, and the **diagnostic** facilities of the clinics have always been available to both. In practice, from 25% - 40% of the annual new referrals have fallen into the educationally handicapped group.

The position has been different in respect of **treatment** facilities, and there most of our efforts have always been directed towards the emotionally handicapped child. The growth of the clinics from roots in the medical-psychiatric services of the area has determined this 'psychiatric orientation,' and the fact that only part-time Educational Psychologists were available set very definite limits to any developments which might have been thought desirable.

During the last few years, however, there has been an increasing recognition, everywhere, of the importance of the group of educationally handicapped children, and of the need to provide for the thorough investigation and treatment of its members. While the largest part of this work will always be carried out by Education Authorities and their staffs, there is a definite contribution which Child Guidance Clinics can make towards the solution of the many problems which the group presents.

In this area, too, it seems to be felt that there is a need for a more comprehensive service, and that this might be built up most

effectively and most economically by extending the facilities available at the existing clinics.

5. Remedial Teaching.

Report of Mrs. C. Williams, Educational Psychologist.

Children may be backward for many reasons. Those with low intelligence can naturally not be expected to attain an educational age exceeding their mental age. Others may be backward due to long absences from school through illness, or due to physical factors such as poor eyesight or hearing, and these may be expected gradually to make up lost ground. Backwardness may also be caused by more specific defects (in, e.g., the auditory or visual memory), and such cases present diagnostic difficulties which need to be investigated by suitable tests. All these groups need special help, and this is generally provided by the schools.

Children for whom remedial teaching in our clinics is particularly intended are those whose Educational Age is substantially lower than their Mental Age, and where emotional factors rather than any of those mentioned above, are considered to be the major cause of retardation. Such children respond to reassurance, freedom from the competitive atmosphere of the classroom, and an approach to their scholastic failure which is modified by a consideration of the particular emotional difficulties which investigation at the clinic has revealed. As a rule, such remedial teaching in the clinic is carried out for a comparatively short period only, and once the child has been 'started off on the right foot' again, the help which he can be given in his school is usually sufficient to bring him up to standard.

6. School Visits.

School reports are received from head teachers in most instances, but personal contact with the schools by means of visits often yields valuable additional information, and allows for an exchange of views on the individual child and on more general problems.

We feel that it would be helpful if a school visit could be paid in respect of every child referred, unless the parents are unwilling for this to be done. At the moment, however, time and the distances involved make this impossible. An effort is therefore being made to pay school visits in the following cases :—

- (i) all children who are accepted for treatment,
- (ii) those where the problem is particularly related to the child's school life, and
- (iii) children in need of placement in hostels or schools for maladjusted children.

Table (9b) gives details of school visits. Occasionally it has been possible to visit a school more than once; whenever possible one visit has been made to cover more than one child from the particular school.

7. Vocational Guidance.

In a few cases, children have been seen about problems concerning their careers. Bearing in mind the child's scores in intelligence, attainment and special aptitude tests, and his particular emotional make-up, we discuss with him the sort of work for which he appears to be suitable. We then advise him to consult the Youth Employment Officer about training facilities and/or employment openings that may be available.

Youth Employment Officers, whenever they have been visited, have been most helpful, and it is felt that this kind of liaison between the clinic and the Youth Employment Service can be of real use, and should be extended.

Details of the Year's Work.

Details of the manner in which individual children have been dealt with are as follows :—

	Total No. of Children	ANALYSIS			
		No. of children dealt with by :			
		Intell. Tests	Rerschach Pers. Test	Vocat'l Guid.	Remed. Teach'g
Intelligence (+ Attainment) tests	133	133	—	—	—
" " + Rerschach	13	13	13	—	—
" " + Vocational Guidance	3	3	—	3	—
" " + Remedial Teaching	1	1	—	—	1
" " + Rerschach & Remedial Teaching	1	1	1	—	1
Rerschach Test only ...	9	—	9	—	—
Vocational Guidance only	1	—	—	1	—
" " + Remedial Teaching	1	—	—	1	1
Rerschach + Vocational Guidance	1	—	1	1	—
Totals ...	163	151	24	6	3

Statistics relating to the work carried out during the year are given in the main body of the report.

C. INFORMATION AND DATA IN RESPECT OF THE CHILDREN.

1. Sources of Referral.

The following table will give a picture of the extent to which the Service was used by various agencies. All children referred during 1953 are included.

Referring Agency	COUNTIES					
	Angl.	Caerns.	Denbs.	Flints.	Merion.	Total
School Medical Officers	13	42	31	4	7	97
General Practitioners ..	3	8	9	5	3	28
Consultant Pædiatricians	2	6	12	2	—	22
Other Medical Specialists	—	1	3	6	—	10
Courts and Probation Officers	—	1	4	8	—	13
Other Social Workers ..	—	2	3	—	—	5
Parents	—	—	5	3	—	8
All Agencies ...	18	60	67	28	10	183

Note.—Not all the children who are referred are subsequently examined at the clinics. During this year the attendance of twenty, to whom appointments were offered, could not be secured. The referrals of a further eleven were cancelled before they could be invited to attend.

A home visit is usually paid by a Psychiatric Social Worker if the first or second appointments are not kept and this enables many parents to come when a further interview is arranged. The number of visits which can be paid for this purpose is limited by the already heavy demands on the time of the Psychiatric Social Workers.

2. Causes of Referral.

In the following table the main symptoms as stated by the referral agencies have been listed. All 1953 referrals are included.

Behaviour, difficult and aggressive (19)	beyond control (5)					
violent tempers (2)		...	...	...	...	26
Pilfering and stealing (9)	pilfering and stealing with other					
symptoms (4)	larceny (8)	sexual misbehaviour (2)	...			23

Enuresis (15) Enuresis with other symptoms (10) soiling (1)	
(1) soiling and behaviour difficulties (2)	28
Temper tantrums (4) excitable, sulky (4) emotionally retarded, maladjusted (2) feeding difficulties (1) excessively nervous (6) nervy and shy (3) moody and crying (2) fear of the dark (2) habit spasms (2)	26
Various pains, no organic cause found	6
Sleep disturbances (3) sleep walking (3) nightmares (2)	8
Asthma (1) stammer (1) other speech defects (4) ...	6
Serious physical defect or injury	3
For guidance on career	1
School, refusal to attend (5) run away (2) truancing (2) difficult behaviour (1)	10
Specific learning disabilities	4
Backwardness (10) backwardness with other symptoms (3)	13
For assessment of intelligence (25) to determine educability (2) extremely backward (2)	29
	183

G.—CONCLUSION.

Once again I wish to record my gratitude to my team members for their constant efforts to improve the quality of the help which the clinics offer to their patients, and for willing co-operation with me in the day to day work of office and clinics.

To the School Medical Officers I owe thanks for their continued permission to use school clinic premises and for their active co-operation with us in many matters.

To Dr. J. H. O. Roberts I am particularly grateful for his readiness to discuss problems of many kinds, and for his help and advice on numerous occasions.

To Dr. T. Islwyn Jones, Chairman, and to members of the Child Guidance Sub-Committee I wish to express my thanks for the consideration which they have shown me.

Your obedient Servant,

E. SIMMONS,

Consultant Child Psychiatrist."

16th June, 1954.

Speech Therapy.—Miss Ritson, the Speech Therapist, commenced duty on the 6th May, 1952, on a part-time sessional basis, two sessions per week being held at Mold, and two sessions per week at Prestatyn. The service has been greatly appreciated by parents, especially at Mold, to which centre children have been brought from not only the immediate surroundings, but also from Flint and Deeside.

TABLE 4 (continued).
GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	85	—

I have great pleasure in appending a report from Miss Ritson on the work carried out by her during 1953 :—

“ Annual report of the work of the Speech Therapy Clinics in Mold and Prestatyn during the year 1952-53.

MOLD.

Number of cases dealt with	52
Current cases	26
Discharges	26
Total ...	52

Current Cases. Cases admitted 1952.

Types of cases :

Stutterers	1
Alalia-spastic paralysis	1
Dysarthria	1
Dyslalia	1
Cleft palates	3
Total ...	7

Condition of cases (31.12.53) :

(a) Improved—on routine observation	2
(b) Too young to benefit from regular treatment yet	1
(c) Improved as far as possible for a while	2
(d) Too backward mentally to benefit at moment	1
(e) Improved, but attendance too erratic for treatment to be of great help	1
Total ...	7

Current cases. Cases admitted 1953.

Types of cases :

Dyslalias	...	...	...	...	...	11
Stutterers	...	...	...	...	...	7
Dyslalia and voice disorder	...	...	...	...	...	1
Total						19

Condition of cases (31.12.53).

(a) Stutterers

On observation	...	...	...	...	...	2
Improved	...	...	...	...	...	5

(b) Dyslalias

Improved	...	...	...	...	...	8
No improvement	...	...	...	...	...	1
Waiting for I.Q.	...	...	...	...	...	2

(c) Dyslalia and voice disorder

Improved	...	...	...	...	...	1
----------	-----	-----	-----	-----	-----	---

Total	...	19
-------	-----	----

Current cases, 1952	...	...	...	...	7
---------------------	-----	-----	-----	-----	---

Current cases, 1953	...	...	...	...	19
---------------------	-----	-----	-----	-----	----

Total	...	26
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Discharges.

Type of cases :

Stutterers	...	...	...	...	...	6
Dyslalias	...	...	...	...	...	14
Deaf	...	...	...	...	...	2
Failure to attend clinics	...	...	...	...	...	3
Parents declared child normal	...	...	...	...	...	1
Total						26

Condition on discharge.

(a) Stutterers

Speech normal	...	...	...	...	4
No attendance	...	...	...	...	1
No improvement	...	...	...	...	1

(b) Dyslalias

Speech normal	..	...	...	...	8
Improved—discharged through non-attendance					4
No improvement	...	...	...	...	2

(c) Deaf							
No improvement—mother objected to treatment							1
Over school age—referred for hearing aid	...						1
(d) Failure to attend clinic	...	...	...	...			3
(e) Parents declared child normal	...	...	...	...			1
Total	...						26

Attendances at this clinic have, on the whole, been good and regular. Most parents have been very co-operative and have carried out my instructions faithfully. These two factors are of prime importance in treatment, for without them the therapist's ability to be of use to the child is considerably reduced. There have been those who fail to attend, or to attend regularly, or fail to co-operate at home, though, fortunately, in Mold those numbers are not large.

PRESTATYN.

Number of cases dealt with	...	...	...	...	...	...	33
Current cases	...	...	...	...	...	...	17
Discharges	...	...	...	...	...	...	16
Total	...						33

Current cases. Cases admitted 1952.

Stutterers	...	...	...	...	...	...	1
Total	...						2

Condition of cases (31.12.53):

Improved	...	...	...	...	...	...	2
----------	-----	-----	-----	-----	-----	-----	---

Cases admitted 1953:

Stutterers	...	...	...	...	...	...	7
Dyslalias	...	...	...	...	...	...	6
Alalia	...	...	...	...	...	...	1
Cleft palate	...	...	...	...	...	...	1
Total							15

Condition of cases (31.12.53).

(a) Stutterers						
Improved	...	...	...	...	...	4
On observaion	...	...	...	...	...	2
No improvement	...	...	...	...	...	1
(b) Dyslalias						
Improved	...	...	...	...	...	3
No improvement (recently admitted)	...	...	...	...	...	3
(c) Alalia						
Improved	...	...	...	...	...	1
(d) Cleft palate						
	...	...	...	...	...	1
Total						15

Discharges.

Types of cases:

Stutterers	...	...	...	...	...	...	7
Dyslalias	...	...	...	...	...	...	3
Hyporhyndalia	...	...	...	...	...	...	1
Educationally sub-normal	...	...	...	...	...	...	2
Spastic	...	...	...	...	...	...	1
Did not attend first interview	...	...	...	...	...	...	2
Total							16

Condition on discharge.

(a) Stutterers						
Speech normal	...	...	...	...	...	4
Parent objected	...	...	...	...	...	1
Improved—but no attendance	...	...	...	...	...	1
No improvement—non-attendance	...	...	...	...	...	1
(b) Hyporhyndalia						
Improved as far as mental capacity allows at present	...	...	...	...	...	1
(c) Educationally sub-normal						
	...	...	...	...	...	2
(d) Dyslalias						
Speech normal	...	...	...	...	...	2
Improved	...	...	...	...	...	1
(e) Spastic paralysis						
Good progress—discharged for three years	...	...	...	...	...	1
(f) Non-attendance of first interview						
	...	...	...	...	...	2
Total						16

As last year, the attendance has been rather erratic in this clinic, though during the past three months of the year the general attendance improved, which is hoped will continue.

All the staff with whom I have had dealings in the past year have given me their usual excellent help and co-operation—it makes working in Flintshire a pleasure.

The year has been clouded by the passing of the much respected Dr. Roberts. His loss will be a great one to the County, but his good influence will still, I am sure, continue for many years.

RUTH E. RITSON, L.C.S.T.,

County Speech Therapist."

TABLE 4 (continued).
GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	243	104
(b) Other :—		
(1) Cervical glands	8	16
(2) Heart and circulation ...	1	22
(3) Lungs	7	97
(4) Development	—	15
(5) Nervous system	—	37
Total ...	259	291

Correction - page 34—Penultimate paragraph.

Instead of first three lines read - "Dental Inspection and Treatment" :—The statistics in Table 5 relate to the work of one full-time School Dental Surgeon and, since the 23rd April, 1953, three part-time Dental Surgeons who were employed for a total of 306 three-hourly sessions.

officers were engaged on temporary part-time sessions from the 23rd April, 1953.

In addition to the statistics that follow, I have pleasure in attaching Mr. Hanson's report for the year :

TABLE 5.

DENTAL INSPECTION AND TREATMENT.

Description.							Number.
Pupils inspected by the Authority's Dental Officers :—							
Periodic Age Groups	...	...	...	...	...	...	3787
Specials	...	...	...	...	...	...	981
Total (Periodic and Specials)	...	...	...	...	...	...	4768
Found to require treatment	...	...	...	...	...	...	4207
Number referred for treatment	...	...	...	...	...	...	4114
Actually treated	...	...	...	...	...	...	3220
Attendances made by pupils for treatment	...	...	...	...	...	...	3328
Half-days devoted to—							
Inspection	...	...	...	...	...	...	52
Treatment	...	...	...	...	...	...	507
Total (Half-days)	...	...	...	...	...	...	559
Fillings—							
Permanent Teeth	...	...	...	...	...	...	1070
Temporary Teeth	...	...	...	...	...	...	21
Number of Teeth filled :							
Permanent Teeth	...	...	...	...	...	...	876
Temporary Teeth	...	...	...	...	...	...	20
Extractions—							
Permanent Teeth	...	...	...	...	...	...	919
Temporary Teeth	...	...	...	...	...	...	5965
Administrations of general anæsthetics for extraction	...	...	...	...	...	...	2344
Other Operations—							
Permanent Teeth	...	...	...	...	...	...	274
Temporary Teeth	...	...	...	...	...	...	219

" Report on the School Dental Service for 1953.

The year under review has been characterised by large increases in the number of operations performed, the number of schools visited and children treated.

By obtaining in April the services of three part-time Dental Officers on a sessional basis, one of whom was devoted entirely to the administration of anæsthetics and by placing the remaining two in the comparatively densely populated Shotton and Mold areas, it is felt that the best results were achieved from this welcome influx of dental manpower.

The administrative work, arrangement of sessions and statistical records were chiefly performed by the Full-time Dental Officer and Dental Attendants whose endeavour was to ensure an uninterrupted flow of patients to the clinics.

The constant stream of applicants for emergency treatment were chiefly dealt with by the Full-time Dental Officer who operated in the Flint and Mold clinics. This arrangement was designed to obviate interference with the routine treatment sessions of the Part-time Dental Officers by patients in pain and requiring immediate extraction. The system worked well and it can confidently be said that no case of emergency was refused an appointment.

Assistant Medical Officers gave invaluable help by administering a large number of anæsthetics—chiefly to emergency cases.

Despite the spectacular rise in the dental figures there is no room for complacency when it is realised that large areas of Flintshire remain almost devoid of facilities for dental treatment. This not only applies to the more remote rural districts, which could best be served by a mobile unit, but to the well populated Rhyl and Prestatyn areas, which have been without a regular Dental Officer for years.

There can be little doubt that the employment of Part-time Dental Officers has been thoroughly justified in Flintshire and appears to offer the best immediate prospect of a long overdue expansion of the service.

To the teachers whose co-operation and help have been so freely given and to the parents who have accompanied or ensured the attendance of their children at the clinics, the Dental Service is grateful.

LESLIE E. HANSON,

L.D.S., U.Birm."

E.—SCHOOL PREMISES.

At the time of periodic medical inspection of pupils, assistant medical officers inspect the sanitary conditions of the schools, and report matters which are unsatisfactory. In addition, the County Sanitary Inspector also visits, and in some areas the District Sanitary Inspectors also inspect.

Reports on unsatisfactory conditions such as overcrowding, lack of adequate cloakroom and lavatory accommodation, inadequate heating, unsuitable desks, etc., etc., are forwarded to the Director of Education and at the same time to the County Architect, who can often give immediate attention to the more urgent defects without having to wait for the report to be presented to the appropriate Committee.

F.—SCHOOL MILK.

Reference to School Milk is made in the report of the County Sanitary Inspector on page 38.

I have pleasure in attaching a brief report from Mr. Elwyn Lewis, the County Sanitary Inspector :

“SCHOOL CANTEENS.

Previous reports on the conditions found at the school canteens have all emphasised the need for the kitchen staffs to pay particular care to personal hygiene, cleanliness in the preparation, storage and distribution of food, and to the cleanliness of cooking utensils, crockery and cutlery.

Attention was given again to these points during my inspections in the past year. Any matter requiring attention was referred to the Education Department and every endeavour was made to work in close co-operation with the School Meals Manager, Mr. Parry, and his supervisors.

No organised lectures on clean food were given this year to the kitchen staffs. Past experience has proved that they are not beneficial when the classes are large, and I found that better results were achieved by my giving short talks to the staff after my inspection of each canteen.

Inspections were also made of the premises of butchers supplying meat to the school meals service. The attention of one of the local Health Departments was drawn to the unsatisfactory condition of the premises of one supplier.

It was found necessary to draw the attention of a few cooks to the risks incurred when using custards, gravies and other foods which were surplus to the previous day's requirements.

It was pleasing to note that the number of kitchen staff wearing suitable head covering is increasing. White overalls should be provided free to the kitchen staff and their wear made compulsory.

Food containers sent out from the central kitchens are washed by the school meals staff before being returned to the central kitchens. The adequacy of this cleansing depends on the facilities available at the school. I recommend again, as in previous reports, that these containers should be sterilized at the central kitchens before being used.

The bad ventilation of some of the school kitchens and larders is still a problem. The heavy condensation on the walls makes them appear dirty, and tinned foods soon become rusty and a potential danger.

School Milk.

All milk supplied to the schools under the Milk in Schools Scheme is pasteurised. Samples are taken at weekly intervals for chemical and bacteriological examination. 120 samples were taken and all were satisfactory.

E. LEWIS,

County Sanitary Inspector."